

# CYC-Bayview Youth Advocates (BYA)

## What is CYC-BYA?

CYC-BYA is a group of 15-18 years old, who live in the Bayview and are committed to making an impact in their community and San Francisco by working together to advocate for peace and positive changes.

## How Can I MAKE A DIFFERENCE?

As a CYC-BYA peer leader, you will be a voice for the youth in the community and work to reduce violence and create harmony and understanding through advocacy, education and outreach. Find out more about CYC-BYA on our website at: [www.cycsf.org](http://www.cycsf.org)

## What Can I Expect?

Program participants will:

- Work and attend workshops for a minimum of six hours a week during after school hours
- Make presentations to community groups, schools and dignitaries
- Reach out to youth and community members
- Facilitate trainings, workshops, and focus groups
- Learn about other youth programs and community organizations
- Make a difference in community
- Learn to create presentation materials
- Have fun!

## What's Expected of Me?

- Be 14-18 years old
- Be a resident of Bayview-Hunters Point-San Bruno Avenue area
- Must be enrolled in a high school by Spring 2012
- Be willing to work with people of diverse backgrounds
- Maintain a 2.0 GPA

## BENEFITS

- Develop your leadership potential, technical skills and personal growth
- Gain confidence and knowledge that you are making a difference in your community
- Job training and placement opportunities
- A \$10/hour stipend up to \$2000

## HOW TO APPLY

- For a copy of the application, go to [www.cycsf.org](http://www.cycsf.org) or email a request to [bya@cycsf.org](mailto:bya@cycsf.org)
- Download and complete the application in blue or black ink
- ***On a separate sheet of paper***, complete the Tell Us About Yourself section
- If you are under 18, have your parent/guardian sign the consent form. If you are 18, you may sign the form yourself
- Application must be received  
**in person or drop off in mail slot, by mail, e-mail OR fax until all positions are filled.**

### CYC Main Office Address:

Community Youth Center of San Francisco  
Attention: CYC-BYA  
1038 Post Street, San Francisco, CA 94109  
**PHONE:** 415-775-2636 **FAX:** 415-775-1345

### CYC Bayview Office Address

CYC-BYA  
4438 3<sup>rd</sup> Street  
San Francisco, CA 94124  
**PHONE:** 415-550-1151

If you need help or have questions about completing your application, contact us:

Jay Ly, CYC-BYA Project Coordinator  
E-mail: [bya@cycsf.org](mailto:bya@cycsf.org)  
Phone: 415-298-8830



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**PARENT/GUARDIAN CONSENT FORM**  
**家長/監護人同意書**

Main Office &  
Computer Clubhouse  
1038 Post Street  
San Francisco, CA 94109  
Tel: 415-775-2636  
Fax: 415-775-1345

Richmond Branch Office  
319 Sixth Avenue  
Suite 201  
San Francisco, CA 94118  
Tel: 415-752-9675  
Fax: 415-752-9033

Website: www.cycsf.org  
Email: cyc@cycsf.org

Board of Directors  
Jaynry W. Mak, Esq., Chair  
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May Ann Wong, Treasurer

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Victoria Lyuber

General Counsel  
Benson Lai, Esq.

Executive Director  
Sarah Wan, M.S.W.

A United Way Agency

I hereby give permission for my son/ daughter \_\_\_\_\_ to attend:

ACTIVITY 活動: CYC-BYA Bayview Youth Advocates Program

DATE 日期: 1/1/12-6/31/12 DONATION 捐款: None

STARTING TIME 出發時間: 9 AM RETURN TIME 返回時間: 6:00 PM\*

LOCATION 地點: CYC Bayview Office and Others TBD

CONTACT PERSON 聯絡人: Jay Ly 415-298-8830 Eddy Zheng 415-298-1833

ADDITIONAL INFO 其他: \*There may events that are passed 6 PM and over night trips.

with the CYC. I understand my son/daughter will be supervised by CYC Staff. I would not hold CYC liable should any accidents, injuries or misfortunes occur.

In the event of injury, I, the undersigned parent or legal guardian do hereby authorize the CYC, as an agent for me, to consent to any medical treatment which may become necessary.

SPECIAL HEALTH CONCERNS: \_\_\_\_\_

我在此允許我的子/女 \_\_\_\_\_ 參加社區青年中心舉辦的上述活動。

我明白我的子/女將會受到社區青年中心的職員看管。但如有任何意外或受傷事件發生，我將不會追究社區青年中心及其職員。若果我的子/女在活動期間受傷，我在此授權社區青年中心代表或轉介所必需的醫療服務。

如有特別健康情況，請明： \_\_\_\_\_

家長/監護人簽名:

\_\_\_\_\_  
SIGNATURE OF PARENT/ LEGAL GUARDIAN

地址 ADDRESS: \_\_\_\_\_

家長電話 PARENT'S PHONE: \_\_\_\_\_

日期 DATE: \_\_\_\_\_

青年電話 YOUTH'S PHONE \_\_\_\_\_

青年電郵 YOUTH'S EMAIL \_\_\_\_\_



## CYC Photography Consent 肖像同意書

**IN CONSIDERATION** of my participation in any events or program at Community Youth Center of San Francisco (CYC), I am informed that it wishes to photograph me and that it would like to use the photograph(s) and/or my artwork (if applicable) in CYC promotional or business material, multimedia (such as television and the press), film, video, CD-Rom (compact disk read-only memory), DVD (digital video disk), and/or may appear on the world wide computer network known as the Internet via CYC's website. **I UNDERSTAND THAT** the Internet is not a secure medium; that any material posted on the Internet is accessible to anyone with a computer and suitable telephone link **AND THAT** while CYC has made every effort to secure its website, it cannot absolutely guarantee privacy or control the access to its website.

I, the undersigned, **HEREBY CONSENT** to be photographed and **I AUTHORIZE** CYC, its employees, agents, or authorized representatives to use, reproduce, publish, transmit, distribute and display the said photograph(s), artwork, or my name in any CYC publication, multimedia production, film, video, CD-Rom, DVD, display, advertisement, website or other material for promotional or other business purposes. **I RELEASE** CYC, any of its associated/affiliated branches, programs, their directors, officers, agents, officers, directors, customers, and CYC's appoint advertising agencies, officers, directors, agents and employees, from all claims of any kind on account of such.

考慮到我參與社區青年中心的任何活動或計劃時，中心職員會知我或會被拍照。而這些照片及我的作品(如果適用)或會用在推動社區青年中心的宣傳物品上，大眾傳播媒介(如電視及報章)、電影錄影帶、CD - ROM

(唯讀光碟)，DVD(數碼影碟)及/或通過社區青年中心的網頁或稱為互聯網的世界電腦網絡上。我明白到互聯網是一個任何人只要有電腦及適合的電話線路皆可取得在互聯網上展示的資料。亦因此社區青年中心會盡力保護其網頁的安全，但不能夠絕對保證私隱權或控制他人進入其網頁。

我在下面簽署以同意被拍攝及授權社區青年中心，它的僱員，代理人，或中心已授權之代表使用、複印、印刷、傳送、派發及展示所述照片/作品，或我的名字用於社區青年中心的印刷品上。大眾傳媒產品、電影、錄影帶、CD-ROM、DVD、展覽、廣告、網頁或其他宣傳物料上，或作其他行政用途。我豁免社區青年中心，任何其附屬分行活動計劃其主任、職員、代理人、顧客及中心委任的廣告機構的職員、主任、代理人及其僱員，所有因上述行為而引致的起訴。

I do not authorize for my photograph to be released for any purposes, as stated above.

我不授權我的肖像被用於以上所述的任何目的。

\_\_\_\_\_  
Signature  
簽名

\_\_\_\_\_  
Print Name  
姓名(正寫)

\_\_\_\_\_  
Date (month/date/year)  
日期

\_\_\_\_\_  
Parent/Guardian Signature  
家長/監護人簽名

\_\_\_\_\_  
Print Name  
姓名(正寫)

\_\_\_\_\_  
Date (month/date/year)  
日期

For internal use only

\_\_\_\_\_  
Staff

\_\_\_\_\_  
Program

\_\_\_\_\_  
Date (month/date/year)



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• PLEASE KEEP THIS PAGE FOR YOUR REFERENCE •

**Upon hiring, you must provide a picture ID and social security card or work authorization.**

Interview one day only!	<p>January 9, 2012  3 pm – 6 pm  @ BYA Office  4438 3<sup>rd</sup> Street</p>
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**\*\*\* Dates and events are subject to change.**

CYC-BYA is funded by The California Endowment and supported by the Mayor’s Office of Community Investment (CDBG) and State Farm.



If you have questions, concerns or need help regarding the program, please feel free to contact:

Jay Ly  
CYC-BYA Project Coordinator  
415-298-8830  
jayl@cyssf.org

**GOOD LUCK!**